

**OFFICE OF ADMINISTRATIVE HEARINGS**

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OAH-5**Transcript Estimate Request**

[Rev 1/15/04]

Instructions: Complete this form, sign it, and either mail, hand deliver, or send by FAX to the attention of the **TRANSCRIPT COORDINATOR** at the appropriate regional OAH office (listed above).

An "OAH-33 Transcript Cost Estimate" will be sent to you based on the information you provide below.

Transcripts will not be released until FULL PAYMENT is received.

REQUESTOR'S NAME			
MAILING ADDRESS			
CITY, STATE, ZIP			
PHONE NUMBER		FACSIMILE NUMBER	
CASE NAME:		OAH #:	
AGENCY:		AGENCY #:	
TYPE OF REQUEST: <input type="checkbox"/> FULL TRANSCRIPT <input type="checkbox"/> PARTIAL TRANSCRIPT <input type="checkbox"/> ASCII DISK <input type="checkbox"/> CONDENSED TRANSCRIPT			
Number of copies requested _____			
LIST ALL HEARING DATES REQUESTED. IF PARTIAL TRANSCRIPT IS REQUESTED, PLEASE DESIGNATE BY DATE, TIME (e.g., morning only) OR BY WITNESS (e.g., testimony of Dr. Smith) : 			
<input type="checkbox"/> Regular Processing Rate (21-25 days preparation) Expedited Rates: <input type="checkbox"/> 2 – 7 days preparation <input type="checkbox"/> 8 – 14 days preparation <input type="checkbox"/> 15 – 20 days preparation If Expedited, date transcript needed by: _____			
ADDITIONAL COSTS APPLY FOR A COPY OF HEARING EXHIBITS OR FILE DOCUMENTS. THOSE ITEMS ARE NOT A PART OF THE TRANSCRIPT: <input type="checkbox"/> EXHIBIT(S) - # of copies requested _____ <input type="checkbox"/> OTHER [e.g. PRETRIAL MOTION, ORDERS OR COPY OF TAPE] List item(s) requested: _____			
<u>IF YOUR HEARING WAS A FORMAL HEARING UNDER THE ADMINISTRATIVE PROCEDURE ACT, YOU MUST CHECK ONE OF THE TWO BOXES BELOW <u>BEFORE</u> YOUR REQUEST CAN BE PROCESSED:</u>			
<input type="checkbox"/> TRANSCRIPT IS NOT FOR JUDICIAL REVIEW <input type="checkbox"/> *TRANSCRIPT IS FOR JUDICIAL REVIEW AS OUTLINED IN GOVERNMENT CODE Sections 11523 & 69950			
* Please attach a copy of the cover page of the petition as filed with the superior court (which <u>MUST</u> include the Superior Court case number and the Court's official "date filed" stamp).			

I CERTIFY THAT THE INFORMATION SHOWN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT THE ABOVE INFORMATION WILL BE USED IN DEVELOPING THE ESTIMATED COST.

SIGNATURE OF REQUESTING PARTY

DATE